

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2007**  
Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization: **CANCER FUND OF AMERICA, INC.**  
 Number and street (or P O box if mail is not delivered to street address): **2901 BREEZEWOOD LANE**  
 City or town, state or country, and ZIP + 4: **KNOXVILLE TN 37921-1099**

**D** Employer identification number: **58-1766061**

**E** Telephone number: **865-938-5281**

**F** Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

**G** Website: **WWW.CFOA.ORG**

**J** Organization type (check only one): ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

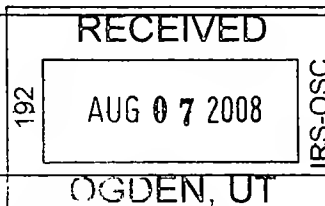
**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **14,977,570**

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates:   
**H(c)** Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Group Exemption Number:   
**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	13,986,643		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	750,000		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ 8,876,385 noncash \$ 5,860,258 )	<b>1e</b>		14,736,643	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		375	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>	Other investment income (describe: SEE STATEMENT 1 )	<b>7</b>		23,926	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	52,190		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	52,389		
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	-199		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here: <input type="checkbox"/>	<b>8d</b>		-199	
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		164,436	
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		14,925,181	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		5,518,601	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		688,520	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		8,006,029	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		14,213,150	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		712,031	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		3,700,805	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		4,412,836	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) STMT 3 (cash \$ <u>63,244</u> non-cash \$ <u>3,356,319</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	3,419,563	3,419,563		
<b>23</b> Specific assistance to individuals (attach schedule) STMT 4	<b>23</b>	2,900	2,900		
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 5	<b>25a</b>	398,585	330,826	43,844	23,915
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	549,167	453,154	59,082	36,931
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>	25,467		25,467	
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	209,039	193,984		15,055
<b>29</b> Payroll taxes	<b>29</b>	86,513	71,564	9,395	5,554
<b>30</b> Professional fundraising fees	<b>30</b>	7,287,018			7,287,018
<b>31</b> Accounting fees	<b>31</b>				
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>	31,617	17,389	5,533	8,695
<b>34</b> Telephone	<b>34</b>	38,798	21,339	6,790	10,669
<b>35</b> Postage and shipping	<b>35</b>	770,799	516,048	64,797	189,954
<b>36</b> Occupancy	<b>36</b>	21,898	12,044	3,832	6,022
<b>37</b> Equipment rental and maintenance	<b>37</b>				
<b>38</b> Printing and publications	<b>38</b>	261,540	104,264	41,423	115,853
<b>39</b> Travel	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	81,462	44,804	14,256	22,402
<b>41</b> Interest	<b>41</b>	42,322	23,277	7,406	11,639
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	65,313	35,922	11,430	17,961
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> SEE STATEMENT 6	<b>43a</b>	921,149	271,523	395,265	254,361
<b>b</b>	<b>43b</b>				
<b>c</b>	<b>43c</b>				
<b>d</b>	<b>43d</b>				
<b>e</b>	<b>43e</b>				
<b>f</b>	<b>43f</b>				
<b>g</b>	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	14,213,150	5,518,601	688,520	8,006,029

**Joint Costs.** Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 2,370,916, (ii) the amount allocated to Program services \$ 1,777,845,(iii) the amount allocated to Management and general \$ 339,906, and (iv) the amount allocated to Fundraising \$ 253,165

**Part III. Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a** PATIENT SERVICES - FINANCIAL AND OTHER ASSISTANCE TO CANCER PATIENTS AND THEIR CAREGIVERS

(Grants and allocations \$ 3,419,563 )

If this amount includes foreign grants, check here ► ☐

4,278,765

**b** COMMUNITY SERVICES - FINANCIAL AND OTHER ASSISTANCE TO COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO ILL AND NEEDY INDIVIDUALS

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

1,001,406

**c** PUBLIC HEALTH EDUCATION - DISTRIBUTION OF EDUCATIONAL MATERIALS VIA DIRECT MAIL AND PERSONAL VOLUNTEERS

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

238,430

**d**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services)

5,518,601

Form **990** (2007)

**Part IV. Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>45</b>	Cash—non-interest-bearing	138,939	<b>45</b>	323,951
<b>46</b>	Savings and temporary cash investments	36,085	<b>46</b>	30,939
<b>47a</b>	Accounts receivable			
<b>b</b>	Less: allowance for doubtful accounts		<b>47c</b>	
<b>48a</b>	Pledges receivable	639,874		
<b>b</b>	Less: allowance for doubtful accounts		<b>48c</b>	639,874
<b>49</b>	Grants receivable		<b>49</b>	
<b>50a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) <b>SEE WORKSHEET</b>	461,218	<b>50a</b>	442,000
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule) <b>SEE WORKSHEET</b>	12,299		
<b>b</b>	Less: allowance for doubtful accounts		<b>51c</b>	12,299
<b>52</b>	Inventories for sale or use	3,062,803	<b>52</b>	3,264,562
<b>53</b>	Prepaid expenses and deferred charges		<b>53</b>	
<b>54a</b>	Investments—publicly-traded securities		<b>54a</b>	
<b>b</b>	Investments—other securities (attach schedule)		<b>54b</b>	
<b>55a</b>	Investments—land, buildings, and equipment basis			
<b>b</b>	Less: accumulated depreciation (attach schedule)		<b>55c</b>	
<b>56</b>	Investments—other (attach schedule)		<b>56</b>	
<b>57a</b>	Land, buildings, and equipment basis	990,006		
<b>b</b>	Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 8</b>	514,287	<b>57c</b>	475,719
<b>58</b>	Other assets, including program-related investments (describe ► <b>SEE STATEMENT 9</b> )	247,427	<b>58</b>	290,892
<b>59</b>	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	5,073,896	<b>59</b>	5,480,236
<b>60</b>	Accounts payable and accrued expenses	835,557	<b>60</b>	639,732
<b>61</b>	Grants payable	90,000	<b>61</b>	
<b>62</b>	Deferred revenue		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	447,534	<b>64b</b>	427,668
<b>65</b>	Other liabilities (describe ► )		<b>65</b>	
<b>66</b>	<b>Total liabilities.</b> Add lines 60 through 65	1,373,091	<b>66</b>	1,067,400
<b>67</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
<b>67</b>	Unrestricted	3,700,805	<b>67</b>	4,412,836
<b>68</b>	Temporarily restricted		<b>68</b>	
<b>69</b>	Permanently restricted		<b>69</b>	
<b>70</b>	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
<b>70</b>	Capital stock, trust principal, or current funds		<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73</b>	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,700,805	<b>73</b>	4,412,836
<b>74</b>	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	5,073,896	<b>74</b>	5,480,236

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	14,925,181
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify)	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	14,925,181
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify)	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	14,925,181

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	14,213,150
<b>b</b>	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify)	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	14,213,150
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify)	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	14,213,150

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES REYNOLDS, SR 1598 MAREMONT RD	KNOXVILLE TN 37918	PRESIDENT 40	186,453	56,469	0
JAMES REYNOLDS, JR 10506 E. OBISPO AVE	MESA AZ 85212	VICE PRES 40	114,920	16,187	0
KYLE EFFLER 509 BANBURY RD	KNOXVILLE TN 37934	CFO 40	97,212	11,050	0
CAROL S. CRUZE 5500 JONES RD	KNOXVILLE TN 37918	TREASURER 1	0	0	0
LOIS A WELCH 7919 QUAIL RUN DR	KNOXVILLE TN 37928	CHAIRMAN 1	0	0	0
JESS GROESBECK 1418 EAST BLACKBURN RD	MT VERNON WA 98274	MEDICAL ADVI 1	0	0	0
GARY FISH 9889 DORCHESTER DR	CEDAR HILLS UT 84062	BOARD MEMBER 1	0	0	0
JARED RICH 578 HOLLERMAN LN	GALLATIN TN 37066	BOARD MEMBER 1	0	0	0
DENNIS TAYLOR 6516 GREENWOOD RD	KNOXVILLE TN 37918	SECRETARY 1	0	0	0
KELLY LOHMAN 7815 BISHOP RD	KNOXVILLE TN 37938	BOARD MEMBER 1	0	0	0

Yes	No
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**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

[illegible]

Yes	No
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Form **990** (2007)

**Part VI. Other Information (continued)**

		Yes	No
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
<b>86</b> 501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b> 501(c)(12) orgs. Enter: a. Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
<b>88a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	<b>88a</b>		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	<b>88b</b>		X
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0; section 4955: 0			
<b>b</b> 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	<b>89b</b>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		X
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		X
<b>90a</b> List the states with which a copy of this return is filed: SEE STATEMENT 11			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>		16
<b>91a</b> The books are in care of: KYLE EFFLER 2901 BREEZEWOOD LN Located at: KNOXVILLE, TN Telephone no: 865-938-5281 ZIP + 4: 37921-1099			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>		X

Yes	No
-----	----

91c		X
-----	--	---

▶ 92



**Part XI. Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>James T. Reynolds, SR</i>		Date <i>6 Aug 2008</i>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Anna L. ...</i>		Date <i>8/4/08</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 PINKSTAFF, SIMPSON, HALL AND HEADRICK PC 8858 CEDAR SPRINGS LANE, SUITE 5000 KNOXVILLE, TN 37923		EIN 62-1719416	Preparer's SSN or PTIN (See Gen Instr X) P00080574
			Phone no 865-690-7010	

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2007**Department of the Treasury  
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
JOSHUA LOVELESS 5217 TRUMPET VINE LN KNOXVILLE TN 37918	FUNDRAISING 40	79,120	15,132	0
BRIAN MORSE 8122 CANTER LANE POWELL TN 37849	COMPUTER PRO 40	59,265	14,749	0
MICHAEL REYNOLDS 105 W. BRANGUS WAY QUEEN CREEK AZ 85243	HOSPICE CR 40	55,810	13,890	0
BRENDA CLARK 709 BIRCHBROOK DR KNOXVILLE TN 37918	PATIENT SERV 40	57,150	9,206	0
SHIRLEY WILLIAMS 2809 SHROPSHIRE BLVD POWELL TN 37849	PATIENT SERV 40	50,640	4,306	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ASSOCIATED COMMUNITY SERVICES 29777 TELEGRAPH RD SOUTHFIELD MI 48034	TELEMARKETING	3,009,713
INSIGHT TELESERVICES 17117 W NINE MILE RD SOUTHFIELD MI 48075	TELEMARKETING	687,260
CIVIC DEVELOPMENT GROUP 425 RARITAN CTR PKWY EDISON NJ 08837	TELEMARKETING	452,600
BEE LC, INC 6849 OLD DOMINION DR MCLEAN VA 22101	TELEMARKETING	368,429
COMMUNITY RELATIONS 2001 E BROADWAY BOLIVAR MO 65613	TELEMARKETING	277,322
Total number of others receiving over \$50,000 for professional services ▶		4

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

- a** Sale, exchange, or leasing of property?

2a X

- b** Lending of money or other extension of credit?

SEE STATEMENT 12

2b X

- c** Furnishing of goods, services, or facilities?

2c X

- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990

2d X

- e** Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

3a X

- b** Did the organization have a section 403(b) annuity plan for its employees?

3b X

- c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

- d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

- b** Did the organization make any taxable distributions under section 4966?

4b

- c** Did the organization make a distribution to a donor, donor advisor, or related person?

4c

- d** Enter the total number of donor advised funds owned at the end of the tax year ► \_\_\_\_\_

- e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► \_\_\_\_\_

- f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► \_\_\_\_\_

0

- g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► \_\_\_\_\_

0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III-Functionally Integrated      ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	14,654,301	17,623,444	21,036,617	19,548,335	72,862,697
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	812	23,173	7,874	329	32,188
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 13	378,460	205,377	200,591	185,062	969,490
<b>23</b> Total of lines 15 through 22	15,033,573	17,851,994	21,245,082	19,733,726	73,864,375
<b>24</b> Line 23 minus line 17	15,033,573	17,851,994	21,245,082	19,733,726	73,864,375
<b>25</b> Enter 1% of line 23	150,336	178,520	212,451	197,337	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶					
e Public support (line 26c minus line 26d total) ▶					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0					0
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0					0
c Add: Amounts from column (e) for lines 15 72,862,697 16 _____ 17 _____ 20 _____ 21 _____ ▶					72,862,697
d Add: Line 27a total _____ and line 27b total _____ ▶					
e Public support (line 27c total minus line 27d total) ▶					72,862,697
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶					73,864,375
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					98.6439%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					0.0436%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>		
<b>32</b> Does the organization maintain the following			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

<b>Check</b> ▶	<b>a</b>	if the organization belongs to an affiliated group	<b>Check</b> ▶	<b>b</b>	if you checked "a" and "limited control" provisions apply	
<b>Limits on Lobbying Expenditures</b>					(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)						
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)				<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)				<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)				<b>38</b>	
<b>39</b>	Other exempt purpose expenditures				<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)				<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table-					
If the amount on line 40 is-					The lobbying nontaxable amount is-	
Not over \$500,000					20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000					\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000					\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000					\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000					\$1,000,000	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)				<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36				<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38				<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			





Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## FORM 990, PART IV, LINE 50A - ADDITIONAL INFORMATION

Name of borrower	Title
(1) JAMES T. REYNOLDS	PRESIDENT
(2) ROSE PERKINS	FORMER VICE PRESIDENT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 276,000	9/01/05		ON DEMAND	4.000
(2) 166,000	9/01/05		ON DEMAND	4.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(2) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) NONE	288,233	276,000	
(2) NONE	172,985	166,000	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	461,218	442,000	

For calendar year 2007, or tax year beginning , and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	28,514	12,299	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	28,514	12,299	

For calendar year 2007, or tax year beginning , and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FIRST TENNESSEE BANK	NONE
(2) FIRST TENNESSEE BANK	NONE
(3) JEFFERSON PILOT	NONE
(4) FIRST TENNESSEE BANK	NONE
(5) FIRST TENNESSEE BANK	NONE
(6) FIRST TENNESSEE BANK	NONE
(7) FIRST TENNESSEE BANK	NONE
(8) FIRST TENNESSEE BANK	NONE
(9) FIRST TENNESSEE BANK	NONE
(10) FIRST TENNESSEE BANK LOC	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 170,000	9/05/07	9/05/09	\$2002.00 PER MONTH	8.250
(2) 150,000	1/05/04	1/05/09	\$1700.00 PER MONTH	6.250
(3) 150,000	3/08/06		\$1700.00 PER MONTH	8.000
(4) 18,571	8/12/06	2/21/09	\$680.49 PER MONTH	7.350
(5) 6,848	6/19/06	12/19/07	\$402.87 PER MONTH	7.210
(6) 10,457	7/06/06	7/06/08	\$470.42 PER MONTH	7.350
(7) 18,813	6/19/06	6/19/08	\$845.02 PER MONTH	7.210
(8) 9,760	8/21/06	2/21/08	\$574.81 PER MONTH	7.350
(9) 10,176	6/19/06	6/19/08	\$457.27 PER MONTH	7.250
(10) 173,193	4/25/06		INTEREST ONLY	8.250

Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	OPERATING CAPITAL
(2) REAL PROPERTY	OPERATING CAPITAL
(3) CSV KEY MAN POLICY	OPERATING CAPITAL
(4) 2006 KIA SPORTAGE	AUTOMOBILE LOAN
(5) 2006 KIA SPORTAGE	AUTOMOBILE LOAN
(6) 2006 KIA SEDONA	AUTOMOBILE LOAN
(7) 2006 KIA SEDONA	AUTOMOBILE LOAN
(8) 2006 KIA AMANTI	AUTOMOBILE LOAN
(9) 2006 KIA OPTIMA	AUTOMOBILE LOAN
(10) BUILDING & PROPERTY	OPERATING CAPITAL

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NONE		166,011
(2) NONE	29,924	
(3) NONE	145,746	219,582
(4) NONE	16,281	9,071
(5) NONE	4,647	
(6) NONE	7,873	2,626
(7) NONE	14,360	4,947
(8) NONE	7,680	
(9) NONE	7,766	
(10) NONE	165,864	
Totals	400,141	402,237

For calendar year 2007, or tax year beginning , and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FIRST TENNESSEE BANK	NONE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 401,500	5/08/02	5/08/07	\$7875.00 PER MONTH	6.500
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	MORTGAGE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NONE	47,393	25,431
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	47,393	25,431

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
GAIN ON INV IN LIFE INSURANCE	\$ 23,926
TOTAL	<u>\$ 23,926</u>

## Federal Statements

## Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
1999 TRUCK		PURCHASE	NON-RELATED INDIVID	3/15/99	9/07/07	\$ 6,690	\$ 20,357	\$ 20,357	\$ 6,690
1998 CHRYSLER CIRRUS		PURCHASE	RELATED EMPLOYEE	7/13/99	3/22/07	3,000	12,834	12,834	3,000
2005 KIA AMANTI		PURCHASE	RELATED EMPLOYEE	3/16/06	9/14/07	11,500	16,100	4,562	-38
2006 KIA OPTIMA		PURCHASE	CHILDREN'S CANCER FU	6/19/06	5/09/07	13,000	21,076	3,513	-4,563
2006 KIA AMANTI		PURCHASE	NON-RELATED INDIVIDU	8/21/06	4/09/07	18,000	26,364	3,076	-5,288
TOTAL						\$ 52,190	\$ 96,731	\$ 44,342	\$ -199

# Federal Statements

## Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org		Class of Activity		Book Value	BV Expl	FMV Expl
			Cash Contrib	NonCash Contrib					
SEE ATTACHED SCHEDULE									
			\$	63,244	\$	3,356,319	\$		
			\$	63,244	\$	3,356,319	\$		0
TOTAL									

## Federal Statements

Statement 4 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

<u>Description</u>	<u>Amount</u>
DIRECT CASH TO PATIENTS	\$ 2,900
TOTAL	<u>\$ 2,900</u>



## Federal Statements

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
OFFICER COMPENSATION	330,826	43,844	23,915
COMPENSATION			
TOTAL	<u>\$ 330,826</u>	<u>\$ 43,844</u>	<u>\$ 23,915</u>

## Federal Statements

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
MAILING SERVICES	98,496	39,399	14,774	44,323
DATA PROCESSING	142,073	59,193	21,705	61,175
LIST RENTALS	100,032	40,013	15,005	45,014
DIRECT MAIL CONSULTANT	116,875	46,750	17,531	52,594
OTHER PROFESSIONAL SERVICES	154,101	1,371	152,624	106
ADVERTISING	20,811	11,446	3,642	5,723
INSURANCE	61,342	33,738	10,735	16,869
REPAIRS & MAINTENANCE	38,636	21,250	6,761	10,625
DUES & SUBSCRIPTIONS	2,880	1,584	504	792
MISCELLANEOUS	110,841	6,219	99,362	5,260
STATE REGISTRATION FEES	5,013		5,013	
SERVICE CHARGES	43,649		43,649	
SWEEPS WINNERS	26,400	10,560	3,960	11,880
TOTAL	\$ 921,149	\$ 271,523	\$ 395,265	\$ 254,361

**Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose****Description**

TO PROVIDE DIRECT FINANCIAL AID AND OTHER SUPPORT AND SERVICES TO FINANCIALLY INDIGENT CANCER PATIENTS; TO DESSEMINATE INFORMATION CONCERNING THE EARLY DETECTION AND PREVENTION OF CANCER; TO PROVIDE GRANTS AND GIFTS IN KIND TO HOSPICES, OTHER HEALTH CARE PROVIDERS, AND TO VARIOUS NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS WHICH AID THE ILL, NEEDY AND INFANTS.

## Federal Statements

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
LAND	\$ 30,303	\$	\$ 30,303	\$
BUILDING & IMPROVEMENTS	553,569		557,666	
OFFICE FURNITURE & EQUIPMENT	197,638		201,451	
AUTOMOBILES	280,893		200,586	
ACCUMULATED DEPRECIATION		493,315		514,287
TOTAL	\$ 1,062,403	\$ 493,315	\$ 990,006	\$ 514,287

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CSV OF LIFE INSURANCE	\$ 247,427	\$ 290,892
TOTAL	\$ 247,427	\$ 290,892

## Federal Statements

Statement 10 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
JAMES REYNOLDS SR. PRESIDENT	JAMES REYNOLDS JR. VICE PRES.	SON
JAMES REYNOLDS SR. PRESIDENT	JOSHUA LOVELESS FUNDRAISING	SON IN LAW
JAMES REYNOLDS SR. PRESIDENT	MICHAEL REYNOLDS HOSPICE CR	SON

**Statement 11 - Form 990, Part VI, Line 90a - States with which a Copy of this Return is Filed.**

**Postal  
Code**

AL  
AK  
AZ  
AR  
CA  
CO  
CT  
FL  
GA  
IL  
IN  
KS  
KY  
LA  
ME  
MD  
MA  
MI  
MN  
MS  
NH  
NJ  
NM  
NY  
NC  
ND  
OH  
OK  
OR  
PA  
RI  
SC  
TN  
UT  
VA  
WA  
WV  
WI

**Statement 12 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit**Description

AMOUNTS LOANED TO OFFICERS RELATE TO THE ABOLISHMENT OF SPLIT DOLLAR LIFE INSURANCE POLICIES. THE EXCESS OF THE HISTORICAL PREMIUMS PAID ON THE POLICIES OVER THE AMOUNT DERIVED UNDER THE IRS FORMULA WE RECLASSIFIED TO LOANS TO OFFICERS.

## Federal Statements

Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
MAILING LIST RENTAL	\$ 116,195	\$ 149,609	\$ 189,237	\$ 182,323
MISCELLANEOUS INCOME	1,291	15,999	11,354	2,739
OTHER INVESTMENT INCOME	14,427	40,451		
GAIN FROM SALE OF ASSETS	246,547	-682		
TOTAL	<u>\$ 378,460</u>	<u>\$ 205,377</u>	<u>\$ 200,591</u>	<u>\$ 185,062</u>



## Federal Statements

Form 990, Part I, Line 1b - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
CONTRIBUTIONS FROM SCHEDULE B	\$ <u>                    </u>	\$ <u>3,346,285</u>	\$ <u>3,346,285</u>
TOTAL	\$ <u>                    0</u>	\$ <u>3,346,285</u>	\$ <u>3,346,285</u>

Statement to form 140, page 2, part II,  
Line 22b

Cancer Fund of America, Inc.  
2007 Audit

Name	Amt Given	Grantee's Use
Knox Frat Order of Police Knoxville, TN	200.00	Program Svcs
Shrine Circus Fund Knoxville, TN	500.00	Program Svcs
Nat'l Breast Cancer Society Mesa, AZ 85212	2,250.00	Program Svcs
Georgia Cancer Coalition Atlanta, GA	50,000.00	Program Svcs
U S Chamber of Commerce Washington, DC	300.00	Program Svcs
Cancer Fund of America Support Svcs Dearborn, MI	8,944.37	Telemarketing
Salvation Army Knoxville, TN	50.00	Program Svcs
Avalon Hospice Flint, MI	1,000.00	Program Svcs

Individual Patients

2,899.63 Part II, Line 23  
66,144.00  
< 2,899.63 >  
63,244.37

Cancer Fund of America, Inc

Sampling of major items shipped in 2007

Over 100 different items maintained in inventory annually

Item	Unit Value
Nutrition Drinks	22.56
Adult Diapers	11.85
Perrigo Packs	95.85
Ointments	5.45
Family Enrichment Packs	130.44
Hospice Pack	428.58
Lumbar Cushion	22.39
Nursing Stool	25.82
Gloves	2.59
Toothpaste	1.98
Asst Shampoo	8.28
Asst Conditioner	2.32
Feminine Products	6.65
Asst DVDs & Cassettes	5.00

**Cancer Fund of America, Inc.**  
**Customer Master File List**

Filter Criteria includes 1) IDs from 03246 to 95945 Report order is by ID

Cancer Fund of America, Inc  
 2007 GIK Shipped

Customer ID	Customer	Address Line 1	City ST ZIP	Amount Shipped
03246	HEALTH FIRST FAMILY CARE CENTER	22 STRAFFORD STREET SUITE 1	LACONIA, NH 03246	1,555 98
04730	VISITING NURSES OF AROOSTOOK	2 WATER STREET SUITE 1	HOULTON, ME 04730	402 78
05201	VNA HOSPICE-SVHC	160 BENMONT AVE STE 17	BENNINGTON, VT 05201	1,978 68
10463	CONTINUUM HOSPICE RICKLAND	3718 HENRY HUDSON PKY	BRONX, NY 10463	931.56
15906	WINBER HOSPICE	600 SOMERSET AVE	WINDBER, PA 15906	503 50
15963	WINDBER HOSPICE	600 SOMERSET AVE	WINDBER, PA 15963	6,556 48
16354	HOSPICE OF CRAWFORD COUNTY	310 MONROE ST	TITUSVILLE, PA 16354	1,267 98
18848	GUTHRIE HOSPICE	RR#1 BOX 154	TUWANDA, PA 18848	390 78
19038	PRECIOUS GEMS SUPPORTIVE SER	231 SOUTH EASTON RD 3RD FLOOR	GLENSIDE, PA 19038	1,130 62
24614	BUCHANAN COMMUNITY	1513 DEEL FORK RD	GRUNDY, VA 24614	7,779.33
24656	SPECIAL CARE HOSPICE	1028 ANCHORAGE CIRCLE	VANSANT, VA 24656	875 16
24901	HOSPICE CARE, INC	540 N JEFFERSON ST BOX7 STE D	LEWISBURG, WV 24901	4,984 58
25304	UNION MISSION MINISTRIES	700 SOUTH PARK ROAD	CHARLESTON, WV 25304	9,075 74
26250	MOUNTAIN HOSPICE	1600 CRIM AVENUE	BELINGTON, WV 26250	7,207 53
27103	CANCER SERVICES INC	3175 MAPLEWOOD AVE	WINSTON SALEM, NC 27103	6,313 32
27292	DAVIDSON CO CANCER SVCS	25 W 6TH AVE	LEXINGTON, NC 27292	7,845 04
27925	HEALTHY START BABY LOVE PLUS	408 Broad Street	Columbia, NC 27925	10,295.84
27925A	M T W DIST HOME HEALTH DEPT	408 NORTH BROAD ST	27925	7,969 00
28054	CANCER SERV OF GASTON CO	246 E GARRISON BLVD	GASTONIA, NC 28054	7,062 95
28202	CHARLOTTE RESCUE MISSION	907 WEST FIRST STREET	CHARLOTTE, NC 28202	12,251 14
28207	BUDDY KEMP CARING HOUSE	242 COLONIAL AVENUE	CHARLOTTE, NC 28207	910.53
28306	CARROL S ROBERSON HOSPICE CENTER	2431 LEGION ROAD	FAYETTEVILLE, NC 28306	1,533.84
28772	FRANCES WARDE HEALTH SVC	9526 ROSMAN HWY	ROSMAN, NC 28772	4,371 80
30035	THE RESOURCE CENTER	3915 EMERALD NORTH DRIVE	DECAUTER, GA 30035	1,621 87
31302	RESOURCE CENTER, INC	280 ZEIGLER RD	BLOOMINGDALE, GA 31302	947 73
31750	BLUE-GRAY COMMUNITY HOSPICE	815 S MAIN STREET	FITZGERALD, GA 31750	3,441 07
32202	TRINITY RESCUE MISSION	622 WEST UNION STREET	JACKSONVILLE, FL 32202	229,677 84
32720	HOSPICE OF VOLUSIA & FLAGLER CO	1250 S SPRING GARDEN 5R15A	DELAND, FL 32720	1,307 00
32960	VISITING NURSE ASSOCIATION	1110 35TH LANE	VERO BEACH, FL 32960	1,046.08
33147	THE BEAUTIFUL GATES, INC	1890 OPALOCKA BLVD	OPA-LOCKA, FL 33054	11,692.67
33407	QUANTUM HOUSE	901 45TH STREET	WEST PALM BEACH, FL 33407	2,269 23
34997	TREASURE COAST HOSPICE	1201 S.E. INDIA STREET	STUART, FL 34997	3,674 30
35080	NBLIC-BIRMINGHAM	613 OLD CAHABA DR	HELENA, AL 35080	3,590 54
35205	SAINT ANDREWS PLACE	1024 12TH ST SOUTH	BIRMINGHAM, AL 35205	994 08
35594	HOSPICE OF NORTHWEST ALABAMA	1315 U.S HWY 43	WINFIELD, AL 35594	1,489 70
35601	HOSPICE OF THE VALLEY	240 JOHNSTON ST S E	DECATUR, AL 35601	1,040 40
35603	HOSPICE OF THE VALLEY	240 JOHNSTON STREET S E	DECATUR, AL 35603	863 16
35611	HOSPICE OF LIMESTONE COUNTY	405 S MARION ST PO BOX 626	ATHENS, AL 35611	844 41

**Cancer Fund of America, Inc.  
Customer Master File List**

Filter Criteria includes 1) IDs from 03246 to 95945 Report order is by ID

Customer ID	Customer	Address Line 1	City ST ZIP	Shipped
36083	SEASHA	4201 U S HIGHWAY 80 W	TUSKEGEE, AL 36083	8,894 07
36117	SCADC TRIPLE A	5900 Carmichael Place	Montgomery, AL 36117	1,563 88
36303	SARCOA	230 NORTH OATES STREET	DO THAN, AL 636303	8,679 30
36608	MERCY MEDICAL HOME HOSPICE	6701 AIRPORT BLVD BLD-D	MOBILE, AL 36608	769 82
37620	WELLMONT HOSPICE	280 STEELES ROAD	BRISTOL, TN 37620	519 74
37748	HOUSECALL HOME HEALTH	521 DEVONIA STREET	HARRIMAN, TN 37748	160 80
37752	IRENE & HOWARD H BAKER CANCER CENTER	389 FORGE RIDGE ROAD	HARROGATE, TN 37752	3,471 12
37807	CHEROKEE HEALTH SYSTEMS/J.D.	4330 MAYNARDVILLE HWY	MAYNARDVILLE, TN 37807	13,223 78
37807A	FAMILY HOME HC SE MAYNARDVILLE	3933 Maynardville Hwy Bldg.2	Maynardville, TN 37807	12,293 35
37813	ADVENTA HOSPICE	1423 W MORRIS BLVD, STE C	MORRISTOWN, TN 37813	6,105 43
37813-A	COVENANT HEALTHCARE	1907 WEST MORRIS BLVD SUITE 1	MORRISTOWN, TN 37814	370 32
37825	S C H A S	829 TORBETT DRIVE	NEW TAZEWEEL, TN 37825	983 71
37831	CALVARY BAPTIST CHURCH	163 N JEFFERSON AVE	OAK RIDGE, TN 37831	5,169 78
37879	FAMILY HOME HEALTH SE	1442 BROAD STREET, STE 5-6	TAZEWEEL, TN 37879	14,639 83
37909	FLORENCE CRITTENTON HOME	1531 DICK LONAS ROAD	KNOXVILLE, TN 37909	6,142 46
37909-A	COVENANT HOSPICE	3001 LAKEBROOK, STE 101	KNOXVILLE, TN 37910	508 80
37917A	ANGELIC MINISTRY 3-5-03	1218 NORTH CENTRAL	KNOXVILLE, TN 37917	317,707 64
37918	BRICKEY ELEMENTARY	DRY GAP ROAD	KNOXVILLE, TN 37918	346 72
37918-A	GROVE PARK	6024 GROVE ROAD	KNOXVILLE, TN 37918	1,965 50
37919	UT HOME CARE/HOSPICE	2200 SUTHERLAND AVE, STE 102	KNOXVILLE, TN 37919	2,630 24
37920	BAPTIST HOSPICE	433 SEVIER AVE, STE 309	KNOXVILLE, TN 37920	24,043 95
37921	AYSO Soccer Region 263	AYSO Soccer Region 263	KNOXVILLE, TN 37921	387 00
37928	FOUNTAIN CITY MINISTRY CENTER	P O BOX 5311	KNOXVILLE, TN 37928	579 52
37938	ST MARY'S HOME HEALTH	4127 E EMORY RD	POWELL, TN 37938	11,963 80
37938A	BEAVER DAM BAPTIST CHURCH	4328 EMORY RD	KNOXVILLE, TN 37938	9,765 96
38501A	RAY OF HOPE	515 E BROAD ST	COOKEVILLE, TN 38501	70,561 44
38506	UPPER CUMBERLAND DEV DIST	1225 SOUTH WILLOW AVE	COOKEVILLE, TN 38506	11,007 27
38555	HOSPICE OF CUMB CO	30 EAST ADAMS ST	CROSSVILLE, TN 38555	1,312 51
38801	N MISSISSIPPI HOSPICE	422 A EAST PRESIDENT	TUPELO, MS 38801	2,672 13
38901	STA-HOME HOSPICE	1300 SUNSET DRIVE SUITE N	GRENADE, PA 38901	1,430 29
39094	STA-HOME HOSPICE	1107 GRAND AVE	LENA, MS 39094	831 85
39117	GREATER HOLY HILL	304 SANCTIFIED RD	MORTON, MS 39117	309 84
39206	STA-HOME HOSPICE	406 BRIARWOOD DR STE 500	JACKSON, MS 39206	2,796 81
39301	STA-HOME HOSPICE	2419 10TH ST	MERIDIAN, MS 39301	519 74
39339	STA-HOME HOSPICE	190 W COLLEGE STREET	LOUISVILLE, MS 39339	972 22
39359	HOMECARE HOSPICE	32 UNDERWOOD STREET	SEBASTOPOL, MS 39359	1,131 90
40855	MERIZDO CENTER	202 CHURCH STREET	LYNCH, KY 40855	55,174 50
40962	CVDHD HOSPICE	HWY 421 SOUTH	MANCHESTER, KY 40962	15,667 24
40965	JUST FAMILY ADULT DAY CARE	110 E LOTHBURG AVE	MIDDLESBORO, KY 40965	10,260 64
40965-A	FAMILY HOME HEALTH	1750 NORTH 25TH STREET	MIDDLESBORO, KY 40965	3,584 00
40977	PINEVILLE HOME HEALTH	121 VIRGINIA AVE-2ND FLOOR	PINEVILLE, KY 40977	5,809 64

**Cancer Fund of America, Inc.  
Customer Master File List**

Filter Criteria includes 1) IDs from 03246 to 95945 Report order is by ID

Customer ID	Customer	Address Line 1	City ST ZIP	Shipped
41701	KY RIVER AREA DEV DIST	917 PERRY PARK RD	HAZARD, KY 41701	7,098 76
42141	KENTUCKY HOMEPLACE GLASGOW	119 PARK AVE	GLASCOW, KY 42141	5,082 53
42141A	BARREN CO ADULT DAY CARE	109 MYRTLE ST	42141	1,893 62
42164	KY HOMEPLACE-SCOTTSVILLE	311 NORTH 3RD STREET	SCOTTSVILLE, KY 42164	3,596 73
42167	KY HOMEPLACE-TOMPKINSVILLE	512 W FOURTH ST	TOMPKINSVILLE, KY 42167	690 90
42330	GREEN RIVER HOSPICE	418 N SCOTT ST	MADISONVILLE, KY 42431	384 91
42431	GREEN RIVER HOSPICE	418 N SCOTT ST	MADISONVILLE, KY 42431	840 90
42501	PULASKI DAY SERVICES (JUST FAMILY)	35 TURPEN COURT	SOMERSET, KY 42501	5,582 84
42629	LAKE CUMBERLAND COMMUNITY ACTION	23 INDUSTRY DRIVE	JAMESTOWN, KY 42629	191,334 40
43410	HOSPICE OF MEMORIAL HOSPITAL	430 SOUTH MAIN STREET	CLYDE, OH 43410	854 28
44870	CANCER SERVICES OF ERIE CO	505 EAST PERKINS AVENUE	SANDUSKY, OH 44870	2,786 13
45504	COMMUNITY MERCY HOSPICE	1343 N FOUNTAIN BLVD 5TH FL	SPRINGFIELD, OH 45504	4,544 08
47305	CANCER SERVICES OF DELAWARE	401 WEST JACKSON STREET	MUNCIE, IN 47305	1,337 94
48532	AVALON HOSPICE	2360 STONE BRIDGE DR	Flint, MI 48532	1,341 54
50702	COVENANT CANCER TTM CTR	200 E RIDGEWAY AVE	WATERLOO, IA 50702	138 24
54002	ADORAY HOSPICE	990 HILLCREST ST SUITE 104	BALDWIN, WI 54002	534 72
54470	HOPE HOSPICE & PALLIATIVE CA	657 McCOMB AVE P O 237	RIB LAKE, WI 54470	2,789 55
62701	ELIZABETH ANN SETON PROGRM	319 NORTH 5TH	SPRINGFIELD, IL 62701	1,659 89
62701-A	PREGNANCY CARE CENTER	319 NORTH 5TH STREET	SPRINGFIELD, IL 62701	1,563 62
62864	SAINT MARY'S HOSPICE OF GOOD S	605 N 12TH STREET	MOUNT VERNON, IL 62864	142 38
64735	TWIN LAKES HOSPICE	725 E OHIO	CLINTON, MO 64735	651 14
65604	COMMUNITY SUPPORT SERVICES	7630 LAWRENCE #1187	ASH GROVE, MO 65604	2,391 95
71101	SHREVEPORT BOSSIER RESCUE MISSION	901 MCNEIL STREET	SHREVEPORT, LA 71101	28,066 28
73072	HEARTLAND HOME HEALTH & HOSPICE	4212 EMERALD COURT	NORMAN, OK 73072	1,659 84
73080	LOVING CARE IN-HOME SERVICES	301 WAIN ST	PERCELL, OK 73080	519 64
73439	VICTORY ANGEL FOUNDATION	601 NORTH HWY 70 EAST	KINGSTON, OK 73439	3,057 36
73651	KIOWA CHD-ELDERCARE	431 WEST ELM	HOBART, OK 73651	2,467 78
74006A	CORNERSTONE HOSPICE FOUNDATION	3414 SE KENTUCKY	BARTLESVILLE, OK 74006	2,120 14
74074	JUDITH KARMAN HOSPICE	915 SOUTH MAIN	STILLWATER, OK 74074	887 16
74076	JUDITH KARMAN HOSPICE	915 SOUTH MAIN-PO BOX 818	STILLWATER, OK 74076	1,507 15
74135	SEASONS HOSPICE	4200 EAST SKELLY DRIVE #150	TULSA, OK 74135	1,735 75
75701	EAST TEXAS MEDICAL CENTER CANCER INST	721 CLINIC DRIVE	TYLER, TX 75701	1,462 93
75904	HOSPICE IN THE PINES	116 SOUTH RAGUET	LUFKIN, TX 75904	711 34
75961	HOSPICE OF DEEP EAST TEXAS	1204 MOUND ST.	NACOGDOCHES, TX 75961	2,570 05
76104	JPS CENTER FOR CANCER	601 W TERRELL AVE	FORTWORTH, TX 76104	1,290 26
76104-A	DO IT FOR ME MOM		FT WORTH, TX 76104	3,540 69
76255	NOCONA PRIMARY HOME CARE	507 CROXTON	NOCONA, TX 76255	2,722 63
78611	SETON HIGHLAND LAKES HOSPICE	409 INDUSTRIAL BLVD	BURNET, TX 78611	1,633 83
82834	SUSIE BOWLING LAWRENCE HOSPICE	497 WEST LOTT	BUFFALO, WY 82834	1,334 78
85201	SALVATION ARMY	241 EAST 6TH STREET	MESA, AZ 85201	17,295 60
85242	A CARING MANOR	18642 E CLOUD ROAD	QUEEN CREEK, AZ 85242	4,826 65

Cancer Fund of America, Inc.  
Customer Master File List

Filter Criteria includes 1) IDs from 03246 to 95945 Report order is by ID

Customer ID	Customer	Address Line 1	City ST ZIP	Shipped
90058	UNION RESCUE MISSION	2438 EAST 27TH STREET	VERNON, CA 90058	471,138 73
93105-A	CANCER CENTER OF SANTA BARBARA	300 WEST PUEBLO STREET	SANTA BARBARA, CA 93105	7,966 69
93105-B	CANCER CENTER OF SANTA BARBARA SOCIAL	540 WEST PUEBLO STREET	SANTA BARBARA, CA 93105	2,233 34
93720	SAINT AGNES CANCER CENTER	7130 N MILLBROOK AVE	FRESNO, CA 93720	402 00
95776	WAYFARER CHRISTIAN MISSION	207 4TH STREET	WOODLAND, CA 95776	4,982 34
95945	SUTTER NORTH HOSPICE	826 4TH STREET	MARYSVILLE, CA 95945	1,770 56
Total Shipped to Organizations-				1,809,747 35
Total Shipped to Individual Patients-				1,546,571 65
Total Shipped of Gift-In-Kind Products-				\$ 3,356,319 00

The donee's do not have a relationship to any person or corporation with an interest in the organization  
For donated commodities, valuation is provided by the donor in printed format  
For purchased items, valuation is actual cost of products. liquid nutrition, diapers, bed pads, fans, examination gloves, confectionary items, etc.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	<b>Name of Exempt Organization</b>	<b>Employer identification number</b>
File by the due date for filing your return. See instructions.	<b>CANCER FUND OF AMERICA, INC.</b>	<b>58-1766061</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2901 BREEZEWOOD LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KNOXVILLE TN 37921-1099</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **KYLE EFFLER**

Telephone No. ► **865-938-5281** FAX No. ► **865-938-2968**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **8/15/08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2007** or
- ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)